PRINTED: 01/18/2024 FORM APPROVED OMB NO. 0938-039

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 15G723		(X2) MULTIPLE CO A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/28/2023	
NAME OF PROVIDER OR SUPP	PLIER TY ALTERNATIVES SE IN	13009	ADDRESS, CITY, STATE, ZIP COD HORIZON DR HIS, IN 47143	
PREFIX (EACH DEFI	ARY STATEMENT OF DEFICIENCIE ICIENCY MUST BE PRECEDED BY FULL RY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	BE COMPLETION
A Post Survey Revisit (PSR) to the Life Safety Code Recertification Survey conducted on 11/02/23 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.470(j). Survey Date: 12/28/23 Facility Number: 004615 Provider Number: 15G723 AIM Number: 200528230 At this PSR survey, Res Care Community Alternatives SE IN was found not in compliance with Requirements for Participation in Medicaid, 42 CFR Subpart 483.470(j), Life Safety from Fire and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 33, Existing Residential Board and Care Occupancies. This one story building was determined to be fully sprinklered. The facility has a fire alarm system		K 0000		
with smoke det all living areas purposes, stora provided with a the fire alarm s of 6 and had a survey. Calculation of (E-Score) using Approaches to facility Prompt	tection in corridors, bedrooms and The attic was not used for living age or fuel-fired equipment and was a heat detection system to activate system. The facility has a capacity census of 3 at the time of this the Evacuation Difficulty Score g NFPA 101A, Alternative Life Safety, Chapter 6, rated the t with an E-Score of 0.1.			
LABORATORY DIRECTOR'S OR Mark Slaughter	PROVIDER/SUPPLIER REPRESENTATIVE'S S	SIGNATURE AED	TITLE	(X6) DATE 01/16/2024

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclo days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: FMM522 Facility ID: 004615 If continuation sheet

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[X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02		(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION 15G723			B. WING			COMPLETED 12/28/2023	
			<u> </u>	CERTIFIED A	PPPEGG CHEV CTATE THE COP		
NAME OF P	ROVIDER OR SUPPLIER	8			ADDRESS, CITY, STATE, ZIP COD HORIZON DR		
RES CAF	RE COMMUNITY A	LTERNATIVES SE IN			HIS, IN 47143		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIE		ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	RIATE	
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
K S353	NFPA 101						
K S353 Bldg. 02	Sprinkler System - Sprinkler System - 2012 EXISTING (I NFPA 13 and 13R All sprinkler system with NFPA 13, Sta Sprinkler Systems for the Installation Residential Occup Four Stories in He and maintained in Standard for Inspe Maintenance of W System. NFPA 13D System Sprinkler systems with NFPA 13D, S of Sprinkler System Sprinkler System Sprinkler System Unspected, tested a accordance with th NFPA 25: 1. Control valves 25, section 13.3.2 2. Gauges inspe section 13.2.71). 3. Alarm devices (NFPA 25, section 4. Alarm devices (NFPA 25, section 5. Valve supervi semiannually (NFP 6. Visible sprinkl ((NFPA 25, section 7. Visible pipe in 25, section 5.2.2).	R Systems ms installed in accordance andard for the Installation of s, and NFPA 13R, Standard of Sprinkler Systems in brancies Up To and Including sight, are inspected, tested accordance with NFPA 25, ection, Testing and rater Based Fire Protection as installed in accordance standard for the Installation as in One- and Two-Family nufactured Homes, are and maintained in the following requirements of as inspected monthly (NFPA b. ected monthly (NFPA 25, as inspected quarterly a 5.2.6). as tested semiannually a 5.3.3). asory switches tested PA 25, section 13.3.3.5). alers inspected annually a 5.2.1). aspected annually (NFPA) aspected annually (NFPA) aspected annually (NFPA)					
	(NFPA 25, section 9. Buildings insp	n 5.2.3). Dected annually prior to					

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STATEMEN	EMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONST		NSTRUCTION (X3) DATE SURVEY			
AND PLAN OF CORRECTION IDENTIFICATION NUMBER		IDENTIFICATION NUMBER	A. BUILDING	02	COMPLETED	
15G723		B. WING		12/28/2023		
		<u> </u>	CTREE	CADDRECC CITY CTATE ZID COD		
NAME OF I	PROVIDER OR SUPPLIEF	R		ADDRESS, CITY, STATE, ZIP COD HORIZON DR		
		LTERNATIVES OF IN				
RES CAR	RE COMMUNITY A	LTERNATIVES SE IN	IVIEIVIE	PHIS, IN 47143		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION	(X5)	
PREFIX	(EACH DEFICIEN	NCY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	COMPLETION	
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION	TAG	DEFICIENCY)	DATE	
	freezing weather	for adequate heat for water				
	filled piping (NFP)	A 25, section 5.2.5).				
	10. A representa	ative sample of fast				
	response sprinkle	rs are tested at 20 years				
	(NFPA 25, section	n 5.3.1.1.1.2).				
	,	ative sample of dry pendant				
	sprinklers are test	ted at 10 years (NFPA 25,				
	section 5.3.1.1.15	• •				
	12. Antifreeze s	olutions are tested annually				
	(NFPA 25, section					
	13. Control valv	es are operated through				
	their full range an	d returned to normal				
	annually (NFPA 2	5, section 13.3.3.1).				
	14. Operating st	tems of OS&Y valves are				
	lubricated annually (NFPA 25, section					
	13.3.4).					
	15. Dry pipe systems extending into					
	unheated portions of the building are					
	inspected, tested and maintained (NFPA 25,					
	section 13.4.4).					
	A. Date sprinkler	system last checked and				
	necessary maintenance provided.					
	B. Show who provided the service.					
	C. Note the source of the water supply for the					
	automatic sprinkle	er system.				
	`	RKS information on				
	coverage for any	non-required or partial				
	automatic sprinkle	-				
		.5.8, 9.7.5, 9.7.7, 9.7.8,				
	and NFPA 25					
		on and interview, the facility	K S353	1 Maintenance Manager	01/09/2024	
		backflow prevention devices		scheduled back flow inspection		
		tem piping was tested annually	1	with Northside Fire and secur	ity	
		NFPA 25. NFPA 25, Standard		on January 9, 2024.		
	_	Testing, and Maintenance of		2 Northside Fire and Secur	•	
		Protection Systems, 2011		completed backflow inspectio	n on	
	Edition, Section 13	.6.2.1 states all backflow		January 9, 2024		

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/18/2024 FORM APPROVED OMB NO. 0938-039

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE C	ONSTRUCTION	(X3) DATE SURVEY		
		IDENTIFICATION NUMBER	A. BUILDING <u>02</u>		COMPLETED	
15G723		B. WING		12/28/2023		
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN		13009	ADDRESS, CITY, STATE, ZIP COD HORIZON DR HIS, IN 47143			
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE	ID	PROVIDER'S PLAN OF CORRECTION	(X5)	
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE	COMPLETION	
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION	TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) DATE: Complement Comp		
	preventers installed in fire protection system			3 Document of inspection s	ent	
		ed annually by conducting a		to AED for review on January	16,	
		f the system at the designed		2024.		
		s hose stream demand, where		4 Northside Fire and Secur	ity	
	l •	nose stations are located		was contracted to complete		
		backflow preventer. This		backflow inspections moving		
	deficient practice could affect all clients, staff and			forward.		
	visitors.		5 Maintenance Manager will		II	
				ensure backflow is inspected		
	Findings include:			annually for the facility annually in		
				accordance with NFPA 25,		
	Based on observations with the Direct Services			Standard for the Inspection,		
	Provider (DSP) at 10:15 a.m. on 12/28/23, the			Testing, and Maintenance of		
	sprinkler system inspection contractor had affixed			Water-Based Fire Protection		
	a maintenance and inspection tag to the sprinkler			Systems, 2011 Edition, Section	on	
	system riser in the laundry room indicating the			13.6.2.1		
	most recent annual backflow preventer test was			6 Copy of Backflow Inspec	iion	
	conducted on 08/05/20. Based on interview at the			was uploaded for review.		
	time of the observations, the DSP agreed annual					
backflow preventer inspection and testing						
documentation for the most recent twelve month						
	period was not avai	lable for review.				
	TEI (* 1'	' 1 'd d Dan				
These findings were reviewed with the DSP						
	during the exit conf	ference.				
	This deficiency was	s cited on 11/02/23. The facility				
	_	t a systemic plan of correction				
	to prevent recurrent	• •				
1				1	ı	

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